Form 00/ I

Notice of Section 527 Status

OMB No. 1545-1693

(July 2000) Department of the Treasur

Department of the Tressury Internal Revenue Service

| Part I General Information | | - | • |
|--|-------------------------------|---------------------------------------|--------------------------------|
| 1 Name of organization | | | Employer identification number |
| Library 2000 2 Mailing address (P.O. Box or number | | | 94 3251804 |
| 6633 Thornhill Drive | er, street, and room or suite | (Halliber) | • |
| City or town, state, and ZIP code | | | |
| Oakland, CA 94611 | | | |
| 3 E-mail address of organization None | | | |
| 4a Name of custodian of records | 4b Cu | stodian's address | |
| | 66 | 33 Thornhill Drive | |
| Mari E. Lee | 0 | akland, CA 94611 | |
| 5a Name of contact person | _ | ntact person's address ume | |
| Mari E. Lee | | | |
| 6 Business address of organization (if Same | different from mailing addre | ess shown above). Number, street, and | room or suite number |
| City or town, state, and ZIP code | | | |
| Part II Purpose | | | |
| Describe the purpose of the organiz PAC - Support causes at | ation nd make contribut | tions | |
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| Part III List of All Related En | tities (see instructions | 5) | |
| 8a Name of related entity | 8b Relationship | 6c Address | |
| NONE | | | |
| | | | PLANETURES. |
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| For Peperwerk Reduction Act Notice, se | ee page 4. | Cat. No. 30405V | Form 8871 (7-2000) |
| 3 1 2000 S | | | |
| 1661 | | | |

| 8871 (7-2000) TJV List of | All Officers Diseases ================================= | High Communicated F |
|------------------------------|--|--|
| Namu | 9b Title | Highly Compensated Employees (see instructions) 9c Address |
| 1701710 | | and Address |
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| | | THE PARTS |
| | | |
| Under penalt | es of perjury. I declare that the organization and that they are removed this patient is | tion named in Part I is to be treated as an organization described in section 527 of the including accompanying schedules and statements, and to the best of my knowledge an- |
| it is true, con | ect, and complete | monoming accompanying schedules and statements, and to the best of my knowledge and |
| | | |
| _ <u> </u> | A CONTRACTOR OF THE PARTY OF TH | 1/25/m |
| Signat | ture of authorized official | |
| Signat | | , Date |
| | 433 | Printed on recycled paper Form 8871 (7 |
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